PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

	s form should be used correspondence includi- ted below or directed of ations.				of n	spondence address	vill be n ; and/or	(b) in	dicating a sepa	rate "FEE	ADDRESS" for	
CURRENT CORRESPOND	Fee(Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.										
23334	7590 12/12	2/2006	- 1.	MAD 0 8 2007		Cer	tificate	of Ma	iling or Trans	mission		
FLEIT, KAIN & BIANCO P.L ONE BOCA CO	I her State addr trans	hereby certify that this Fee(s) Transmittal is being deposited with the United tates Postal Service with sufficient postage for first class mail in an envelope ddressed to the Mail Stop ISSUE FEE address above, or being facsimile ransmitted to the USPTO (571) 273-2885, on the date indicated below.										
551 NORTHWEST 77TH STREET, SUITE 111 BOCA RATON, FL 33487											(Depositor's name)	
BOCA RATON	, 112 33407				L				· · · · · · · · · · · · · · · · · · ·		(Signature)	
					L						(Date)	
APPLICATION NO.	FILING DATE	FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/698,884	10/698,884 10/31/2003			Richard A. Haight			YOR9-2000-0571-US2 2010				2010	
TITLE OF INVENTION	: METHOD AND APPA	ARATUS FO	OR PERFORM	MING LASER CVD								
				,		63/09/ 01 FC PREV. PAID ISSUI	/2007 H :1501		1408.00 DA	500510	10698884	
APPLN, TYPE	SMALL ENTITY	ISSUE I	FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSU	FEE	TOTA	T 166(2) PA	D	ATE DUE	
nonprovisional	NO	\$1	400	\$300		\$0			\$1700	0	3/12/2007	
EXAMINER ART UNIT				CLASS-SUBCLASS								
PADGETT, MARIANNE L 1762				427-555000								
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Fee Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Casey August Fiett, Kain, Gutman, Bong Bianco Pale						Guinta , Gibbons,		
	r typ	oe)			Blanco	Palia						
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for the patent. If an assignee is identified below, the document has been filed for the patent.												
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)												
nternational Business Machines Armonk, New York												
orporation lease check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🛱 Corporation or other private group entity 🚨 Government												
a. The following fee(s) XX Issue Fee XX Publication Fee (N Advance Order - i	 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0510 (enclose an extra copy of this form). 											
	tus (from status indicate			<u> </u>		,	, E			D 1 07(-)	(2)	
	s SMALL ENTITY state d Publication Fea (if requeered of the public state)			b. Applicant is no								
Authorized Signature	7////. //	ites Patent ar	d Trademark	Office.		Date MA		_				
Typed or printed name	74/0 11.0	\$14.5 s (Free) \$4.6 P (12.5) F		Registration N		•						
>1		. Giur		 		-						

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.